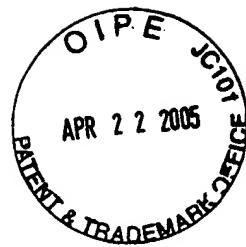


03500.013871.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
SATOSHI ISHIGURO ET AL.) : Examiner: P. Sobutka
Application No.: 09/406,697) : Art Unit: 2684
Filed: September 28, 1999) :
For: COMMUNICATION DEVICE,) :
IMAGE-PICKUP DEVICE,) :
STORAGE MEDIUM AND) :
COMMUNICATION METHOD : April 19, 2005

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

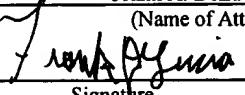
Sir:

A Request For Continued Examination (RCE) is filed concurrently herewith. Preliminary to continued examination, please further amend the above-identified application in the following manner. The amendments to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 13.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 19, 2005
(Date of Deposit)

Frank A. DeLucia (Reg. No. 42,476)
(Name of Attorney for Applicant)


Signature
April 19, 2005
Date of Signature



In re Application of:

SATOSHI ISHIGURO ET AL.

Application No.: 09/406,697

Filed: September 28, 1999

For: COMMUNICATION DEVICE, IMAGE-PICKUP
DEVICE, STORAGE MEDIUM AND
COMMUNICATION METHOD

Docket No. 03500.013871

Examiner: P. Slobutka

Group Art Unit: 2684

April 19, 2005

Mail Stop: 313(c)
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 32	MINUS	** 24	= 8	x \$25 \$50	400.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$400.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 400.00 is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

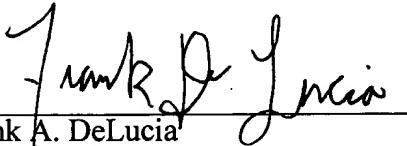
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia
Attorney for Applicants
Registration No.: 42,476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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